

BUDGET FOR ORGANIZATIONS FORM 5-B

Neatly handwrite or type. Fill in all questions and fields. Round to nearest dollar.

Organization: _____ Federal Tax ID# _____

Check one of the following boxes: (Public Art & Cultural Facilities suspended. Check agency Web site.)

☐ **QUICKFUNDS**

☐ **PUBLIC ART**

☐ **CULTURAL FACILITIES**

List expenses and income that directly relates to the cost of the project described in this application. Refer to the *Glossary* for an explanation of terms. (You may add one page for itemizations.) Identify which income sources are pending.

INCOME

Past Fiscal
Year (actual)

Past Fiscal
Year (actual)

Last
Completed
Fiscal Year
(actual)

Current Fiscal
Year
(budgeted)

EARNED

Admissions

Contracted Services

Other

CONTRIBUTED

Corporate

Individual

Government Support – Federal

Government Support – State (include ICA funds)

Government Support – Local (county, city, etc.)

Foundation Support

Cash

TOTAL CASH INCOME

\$	\$	\$	\$
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Do not include income or expenses that are part of your capital budget. Expenses for the past fiscal year should be actual costs.

TOTAL IN-KIND CONTRIBUTIONS (Complete Supplement A, page 41) \$ _____

EXPENSES

Past Fiscal
Year (actual)

Past Fiscal
Year (actual)

Last
Completed
Fiscal Year
(actual)

Current Fiscal
Year
(budgeted)

Personnel (include salary and benefits)

Outside Fees and Services

Production

Space/Facilities

Travel

Marketing/Promotion

Other Expenses

TOTAL EXPENSES

\$	\$	\$	\$
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INCOME MUST EQUAL EXPENSES

Total Annual Budget of Organization \$ _____

If applicable, complete information below:

Cash Reserves \$ _____ Capital Campaign Overall Goal \$ _____

Endowment Campaign Goal \$ _____ Capital Expenditures & Acquisitions \$ _____